Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines

DOOR 1

1. In the last 7 days, has the person needed hands on assistance in moving around in bed, transferring from bed to chair or wheelchair, or standing, toileting or eating?

   ☐ Yes, the applicant needs assistance with at least one of these activities

   ☐ No, the applicant does not need assistance with any of these activities

   If "Yes", the applicant should be evaluated for NFLOC.

DOOR 2

2. In the last 7 days, has the applicant had any difficulty remembering things significant to daily life, or difficulty remembering to take scheduled medications?

   ☐ Yes

   ☐ No

   If "Yes", the applicant should be evaluated for NFLOC.

3. In the last 7 days, has the applicant had any difficulty making decisions regarding tasks of daily life -- their decisions were poor or they relied on someone else to make decisions for them?

   ☐ Decisions were difficult or poor, or the applicant does not make their own decisions.

   ☐ Decisions were not difficult. Decisions were made that consistently maintained the applicant's safety and quality of life.

   If "Yes," the applicant should be evaluated for NFLOC.

DOOR 3

4. In the last 14 days, has the applicant been examined by a physician, practitioner or authorized assistant which resulted in at least 1 physician visit and 4 physician order changes, or 2 physician visits and at least 2 physician order changes? (This does not include a routine health maintenance visit.)

   ☐ Yes

   ☐ No

   If "Yes", the applicant should be evaluated for NF LOC.

DOOR 4

5. Is the applicant currently being treated for any of the following conditions:

Condition	Additional Needs	Yes*	No
Diabetes	2 insulin order changes in last 14 days	☐	☐
Stage 3-4 pressure sores		☐	☐
Intravenous or parenteral feedings		☐	☐
Intravenous medications		☐	☐
End of Life Care (life expectancy less than 6 months)		☐	☐
Daily Tracheostomy care, daily respiratory care, daily suctioning		☐	☐
Pneumonia within the last 14 days		☐	☐
Daily oxygen therapy		☐	☐
Daily insulin with 2 order changes in last 14 days		☐	☐
Peritoneal or hemodialysis		☐	☐

* **If you checked "Yes" for any of the above conditions, the applicant reports having the condition(s).**

DOOR 5

6. Has the applicant been scheduled to receive, or is receiving, Speech, Occupational, or Physical therapies AND continues to require skilled rehabilitation therapies?

   ☐ Yes*

   ☐ No

* **If the applicant is receiving, or is scheduled to receive, Speech, Occupational or Physical therapies, and continues to require skilled rehabilitation therapies, the applicant qualifies for an assessment.**

DOOR 6

7. Has the applicant had any problems with any of these behaviors in last 7 days?

Behavior	Yes*	No
Wandering	☐	☐
Verbal or physical abuse	☐	☐
Socially inappropriate behavior	☐	☐
Resists care	☐	☐
Hallucinations	☐	☐
Delusions	☐	☐

* **If you checked "Yes" for any of the behaviors, the applicant qualifies for an assessment.**

8. What services is the applicant requesting? _____

_____

Is a waiver service being requested?

☐ Yes

☐ No